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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. PATENT APPLICATION NO. 10/713,530
FILING DATE 13 November 2003
INVENTORS Andrew T. Forsberg et al.
ASSIGNEE St. Jude Medical Puerto Rico B.V.
GROUP ART UNIT 3731
EXAMINER Sarah K. Webb
ATTORNEY'S DOCKET NO. 47563.0014
TITLE "Vascular Puncture Depth Locator"

TRANSMITTAL LETTER AND CERTIFICATE OF MAILING

To: Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

From: L. Grant Foster
HOLLAND & HART LLP
P.O. Box 11583
Salt Lake City, Utah 84147-0583
Telephone: (801) 595-7830
Facsimile: (801) 364-9124

Enclosed are the items listed below submitted regarding the matter identified above:

1. Transmittal Letter with Certificate of Mailing included
2. PTO Return Postcard Receipt
3. Amendment in Response to Non-Final Office Action
4. Fee Transmittal
5. Check for \$400.00 (Extra Claims Fee)

Deposit Account Authorization - The Commissioner is hereby authorized to charge payment of any applicable fees to Deposit Account No. 08-2623.

Date: 13 NOVEMBER 2006

By: *[Signature]*
L. Grant Foster
Reg. No. 33,236

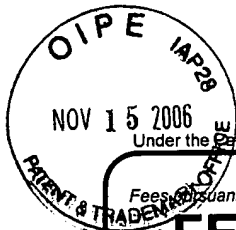
CERTIFICATE OF MAILING

I hereby certify the items listed above as enclosed are being deposited with the U.S. Postal Service as either first class mail or Express Mail, if the blank for Express Mail No. is completed below, in an envelope addressed to Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below indicated date.

Express Mail No.

Date: 13 November 2006

Signature: *Kathy Case*
Name: Kathy Case



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 400.00

Complete if Known

Application Number	10/713,530
Filing Date	13 November 2003
First Named Inventor	Andrew T. Forsberg
Examiner Name	Sarah K. Webb
Art Unit	3731
Attorney Docket No.	45763.0014

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 08-2623 Deposit Account Name: Holland & Hart LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims 15 - 20 or HP = Extra Claims x Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 5 - 3 or HP = Extra Claims x Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

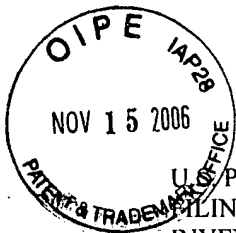
Fees Paid (\$)

SUBMITTED BY

Signature	Registration No. (Attorney/Agent) 33,236	Telephone 801-799-5830
Name (Print/Type) L. Grant Foster		Date 13 November 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

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From: L. Grant Foster
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P.O. Box 11583
Salt Lake City, UT 84147-0583
Telephone: (801) 799-5830
Facsimile: (801) 799-5700

In response to the Office Action dated 17 August 2006, please amend the above-identified U.S. patent application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks begin on page 16 of this paper.

Please amend the application as follows. Applicants use the convention underline to indicate added text and ~~strikethrough~~ to indicate deleted text.

11/16/2006 HDESTA1 00000017 10713530

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